




Best Available Copy

MAKE CHECKS PAYABLE TO:
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC.
P.O. BOX 630224
BALTIMORE, MD 21263-0224

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER	AMOUNT	
NAME AS IT APPEARS ON CARD		
SIGNATURE		EXP. DATE
STATEMENT DATE: 02/01/11	PAY THIS AMOUNT \$289.62	ACCOUNT NUMBER 9569793
SHOW AMOUNT PAID HERE		\$

2463*****AUTO**SCH 3-DIGIT 208
 WILLIAM D HALL
 10850 STANMORE DRIVE
 POTOMAC, MD 20854


☐ Please check box if your address is incorrect or to provide updated insurance information.
☐ Please indicate change(s) on reverse side.

Please submit the top portion of this statement with your payment

~~Patient Name: WILLIAM D HALL~~ - Insurance: MEDICARE

For Important Information please see reverse side.

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INVOICE NUMBER	DATE OF SERVICE	DESCRIPTION OF SERVICE	PERFORMING PROVIDER	TRANSACTIONS	PATIENT BALANCE
53285635	11/29/10	CC E/M CRITICALLY ILL/INJ	MEANS MD, MELISSA L	599.00	71.72
	11/29/10	CC E/M CRITICALLY ILL/INJ		270.00	
	12/30/2010	MEDICARE PAYMENT		-286.87	
		MEDICARE ADJUSTMENT		-510.41	
		*****Balance*****			
53285636	11/30/10	CC E/M CRITICALLY ILL/INJ	SARMIENTO MD, MAURO	599.00	47.79
	12/30/2010	MEDICARE PAYMENT		-191.14	
		MEDICARE ADJUSTMENT		-350.07	
		*****Balance*****			
53319719	11/29/10	INITIAL HOSP CARE, INTERM	CHETTY MD, ANITHA	298.00	28.65
	12/30/2010	MEDICARE PAYMENT		-114.58	
		MEDICARE ADJUSTMENT		-154.77	
		*****Balance*****			
53319720	11/30/10	SUSBQ HOSP CARE, LIMITED	SIVA MD, SUDARSHAN	87.00	8.42
	12/30/2010	MEDICARE PAYMENT		-33.67	
		MEDICARE ADJUSTMENT		-44.91	
		*****Balance*****			
	12/01/10	SUSBQ HOSP CARE, LIMITED	ZUZAK MD, KIMBERLY	87.00	
	12/02/10	SUSBQ HSP CARE, EXTENDED		454.00	
	12/30/2010	MEDICARE PAYMENT		-208.68	
		MEDICARE ADJUSTMENT		-280.15	
		*****Balance*****			
53319721	12/05/10	INITIAL HOSP CARE, INTERM	CASTRO DO, CHRISTIN	298.00	52.17
	01/10/2011	MEDICARE PAYMENT		-114.58	
		MEDICARE ADJUSTMENT		-154.77	
		*****Balance*****			
53390436	12/06/10	SUSBQ HSP CARE, EXTENDED	ZUZAK MD, KIMBERLY	227.00	28.65
	12/07/10	SUSBQ HSP CARE, INTERMED		158.00	
	01/10/2011	MEDICARE PAYMENT		-148.43	
		MEDICARE ADJUSTMENT		-199.46	
		*****Balance*****			
53390437	12/08/10	HSP DISCHARGE	CHETTY MD, ANITHA	156.00	37.11
	01/10/2011	MEDICARE PAYMENT		-60.46	
		MEDICARE ADJUSTMENT		-80.43	
		*****Balance*****			
53390438					15.11
DATE 02/01/11	PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	PATIENT NAME WILLIAM D HALL	ACCOUNT NUMBER 9569793	PATIENT BALANCE DUE \$289.62	

Thank you for using our medical practice. In order to better serve you, we have a range of payment options. Please call our Customer Service office for payment arrangements or questions.

ANURITA MENDHIRATTA, MD
2401 RESEARCH BLVD #330
ROCKVILLE MD 20850

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Return Service Requested

For Billing Inquiries Call:
(888)436-2245

Account No.	02/21/2011	0.00	127.37
HALW1002	02/21/2011	0.00	127.37
Credit Card	Select Card		
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card No.			Exp. Date
Signature			3-Digit Security Code
Check No.			Amount Paid

Make checks payable to:

WILLIAM HALL
10850 STANMORE DRIVE
C/O LOUISE HALL
POTOMAC MD 20854

ANURITA MENDHIRATTA, MD
2401 RESEARCH BLVD #330
ROCKVILLE MD 20850

☐ Check if your billing information has changed. Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

If you have any questions about this bill or if you need to set up a payment plan, then please call us at 888-436-2245. If you do not reach us, please leave a message and we will return your call within 24 hours.
WE THANK YOU FOR YOUR PROMPT PAYMENT.

Date	Name	Description	Charge	Paid by Insurance	Deductible	Paid by Guarantor	Adjustment	Remainder
12/09/10	WILLIAM HALL	INITIAL NURSING FACILITY VISIT	190.00	-106.61			-66.74	26.65
12/14/10	WILLIAM HALL	SUBSQ NURSING FACILITY VISIT	120.00	-56.39			-49.51	14.10
12/20/10	WILLIAM HALL	SUBSQ NURSING FACILITY VISIT	120.00	-56.39			-49.51	14.10
12/21/10	WILLIAM HALL	INITIAL HOSPITAL CARE	320.00	-168.72			-109.10	32.18
12/22/10	WILLIAM HALL	SUBSEQUENT HOSPITAL CARE	110.00	-60.93			-33.84	15.23
12/23/10	WILLIAM HALL	DISCHARGE DAY MGMT <30 MINUTE	150.00	-60.46			-74.43	15.11

Amount	Balance	Payment	Amount Due
0.00	1,010.00	-509.50	-373.13

Amount Due
127.37

ANURITA MENDHIRATTA, MD 2401 RESEARCH BLVD #330 ROCKVILLE MD 20850

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